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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional)
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Claude Tihon		
Patent Number 6,311,689	Date Patent Issued November 6, 2001	
Title of Invention Female Incontinence Prevention Device		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are <u>ContiCare Medical, Inc.</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) ContiCare Medical, Inc.		
Signature 	Date July 11, 2003.	
Typed or printed name and title of person signing for assignee (if assigned) Claude Tihon		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: ContiCare Medical, Inc.Application No./Patent No.: 6,311,689 Filed/Issue Date: November 6, 2001Entitled: Female Incontinence Prevention DeviceContiCare Medical, Inc., a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or2. ☐ an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 010623, Frame 0955, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

July 11, 2003

Date

952-829-4057

Telephone number

Claude Tihon

Typed or printed name

Claude Tihon

Signature

President

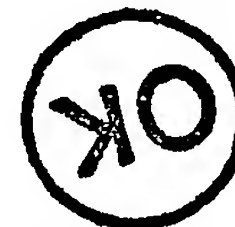
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231



MAY 15, 2000

PTAS

NIKOLAI, MERSEREAU & DIETZ, P.A.
KEVIN W. CYR, ESQ.
900 SECOND AVENUE SOUTH, #820
MINNEAPOLIS, MN 55402-3325



101295316A

UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 03/10/2000

REEL/FRAME: 010623/0955
NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:
TIHON, CLAUDE

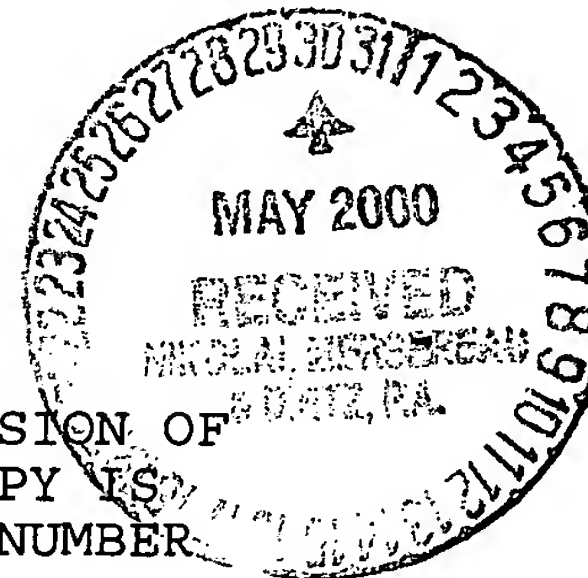
DOC DATE: 03/09/2000

ASSIGNEE:
CONTICARE MEDICAL, INC.
7680 GOLDEN TRIANGLE DRIVE
EDEN PRAIRIE, NEW MEXICO 55344

SERIAL NUMBER: 09522486
PATENT NUMBER:

FILING DATE: 03/10/2000
ISSUE DATE:

SHIRLIE SIMON, EXAMINER
ASSIGNMENT DIVISION
OFFICE OF PUBLIC RECORDS



03/10/00

Express Mail Label #EL504377272US

LAW OFFICES

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900 Second Avenue South, Suite 820
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Telephone (612) 339-7461
Facsimile (612) 349-6556

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March 10, 2000

RECORDATION FORM COVER SHEET

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03-24-2000

U.S. PATENT AND TRADEMARK OFFICE
OFFICE OF PUBLIC RECORDS
CRYSTAL GATEWAY 4, ROOM 335
WASHINGTON, D.C. 20231



101295316

To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
CLAUDE TIHON

2. Name and address of receiving party(ies):
Name: CONTICARE MEDICAL, INC.
Street Address: 7680 Golden Triagnle Drive
City: Eden Prairie
State: MN Zip: 55344

09/522486

3. Nature of Conveyance:
XX Assignment _____ Merger
_____ Security Agreement _____ Change of Name
_____ Other _____

Execution Date: March 9, 2000

4. Application number(s) or registration number(s):
XX If this document is being filed together with a new application, the execution date of the application is:
March 9, 2000

03/22/2000 DTHOMAS 00000017 09522486
A. Patent Application No.(s):

02 FC:581

B. Patent No.(s):

5. Name and address of party of whom correspondence concerning document should be mailed:
Name: Kevin W. Cyr, Esq.
NIKOLAI, MERSEREAU & DIETZ, P.A.
Street Address: 900 Second Avenue South, #820
City: Minneapolis State: MN Zip: 55402-3325

U.S. Patent and Trademark Office
March 10, 2000
Page 2

6. Number of applications and patents involved: 1
7. Total Fee (37 CFR 3.41): \$40.00
X A check is enclosed.
8. The Commissioner is authorized to charge any fees or refund any overpayment under 37 CFR 1.16 and 1.17 which may be required by this paper to Deposit Account No. 08-1265.

DO NOT USE THIS SPACE

9. Statement and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Kevin W. Cyr

Name of Person Signing

Signature

 Date: March 10, 2000

Total number of pages including
cover sheet, attachments and document: 4

ASSIGNMENT

WHEREAS, I, CLAUDE TIHON, a citizen of the United States of America, and residing at 11304 Bluestem Lane, Eden Prairie, Minnesota 55347, am the inventor of that certain invention disclosed and claimed in the application for United States Letters Patent executed by me on March 9, 2000, and entitled "FEMALE INCONTINENCE PREVENTION DEVICE"; and

WHEREAS, CONTICARE MEDICAL, INC., a corporation organized and existing under the laws of the State of Minnesota, and having its principal office located at 7680 Golden Triangle Drive, Eden Prairie, Minnesota 55344, is desirous of acquiring the said invention and any and all patents of any and all countries which may be granted on said invention.

NOW, THEREFORE, Be It Known that for and in consideration of the sum of One Dollar (\$1.00) to me in hand paid by said CONTICARE MEDICAL, INC., and for other good and valuable consideration, the receipt of all of which is hereby acknowledged, I, CLAUDE TIHON, have sold, assigned and transferred, and do hereby sell, assign and transfer unto said CONTICARE MEDICAL, INC., the entire right, title, and interest, both legal and equitable, in and to the said above identified invention for all countries, in and to the same above identified application for patent, and in and to any and all patents of any and all countries which may be granted on said invention; and the Commissioner of Patents and Trademarks is hereby authorized and requested to issue, in accordance with this Assignment, any and all patents which may be granted on the above identified application or on the invention therein disclosed.

Signed at Minneapolis, Minnesota, this 9th day of March,

2000.

Claude Tihon
CLAUDE TIHON

STATE OF MINNESOTA

SS

COUNTY OF

On this 9th day of March, 2000, before me, a Notary Public for and within the County aforesaid, personally appeared CLAUDE TIHON to me known to be the person described in the foregoing Assignment, and he acknowledged to me that he executed the same as his free act and deed.

Linda J. Rice
Notary Public



REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

20000018:REI

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 6,311,689 granted November 6, 2001 and for which a reissue patent is sought on the invention entitled Female Incontinence Prevention Device

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____

and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/2B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

During prosecution of the application the '689 patent for which reissue is sought, claims 1 and 12 were unduly narrowed by amendment by specifying that the closed loop of the retention structure lie in a plane that is generally perpendicular to a longitudinal axis of the flexible shaft. This would be construed as requiring the plane of the loop be at about a 90° angle to the shaft. One could avoid infringement by having the loop extend at, for example, 80° or 100° to the axis of the shaft. As set out at col. 4, lines 5-9, it is only necessary that the plane of the retention loop project in a "lateral direction" from the shaft. Reissue is sought to broaden claims 1 and 12 by substituting the word "lateral" for the word "perpendicular".

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Dock t Numb r (Optional)

20000018.REI

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) Registration Number

Thomas J. Nikolai 19,283

Correspondence Address: Direct all communications about the application to:

☒ Customer Number: 23595

OR

<input type="checkbox"/> Firm or Individual Name	Nikolai & Mersereau, P.A.			
Address	900 Second Avenue South, Suite 820			
Address				
City	Minneapolis	State	MN	Zip 55402
Country	US			
Telephone	612-339-7461	Fax	612-349-6556	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Claude Tihon

Inventor's signature

Claude Tihon

Date

July 11, 2003

Residence

Eden Prairie, MN

Citizenship

US

Mailing Address

11304 Bluestem Lane, Eden Prairie, MN 55347

Full name of second joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

☐ Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number (optional) 20000018.REI
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>ContiCare Medical, Inc.</u></p> <p>and the title of my position with said assignee is: <u>President</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>	
Inventor Claude Tihon	Citizenship US
Residence/Mailing Address 11304 Bluestem Lane, Eden Prairie, MN 55347	
Inventor	Citizenship
Residence/Mailing Address	
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.	
Patent Number 6,311,689	Date of Patent Issued November 6, 2001
Title of Invention Female Incontinence Prevention Device	
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p> <p>Female Incontinence Prevention Device</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p>and was amended on _____</p> <p style="text-align: center;">(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/2B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input type="checkbox"/> by reason of other errors.</p>	

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 20000018.REI	
<p>At least one error upon which reissue is based is described as follows:</p> <p>During prosecution of the application the '689 patent for which reissue is sought, claims 1 and 12 were unduly narrowed by amendment by specifying that the closed loop of the retention structure lie in a plane that is <u>generally perpendicular</u> to a longitudinal axis of the flexible shaft. This would be construed as requiring the plane of the loop be at about a 90° angle to the shaft. One could avoid infringement by having the loop extend at, for example, 80° or 100° to the axis of the shaft. As set out at col. 4, lines 5-9, it is only necessary that the plane of the retention loop project in a "lateral direction" from the shaft. Reissue is sought to broaden claims 1 and 12 by substituting the word "lateral" for the word "perpendicular".</p>			
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
Thomas J. Nikolai		19,283	
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number:		23595	
OR			
<input checked="" type="checkbox"/> Firm or Individual Name		Nikolai & Mersereau, P.A.	
Address		900 Second Avenue South, Suite 820	
Address			
City	Minneapolis	State	MN
		Zip	55402
Country	US		
Telephone	612-339-7461	Fax	612-349-6556
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) Claude Tihon			
Signature <i>Claude Tihon</i>		Date July 11, 2003	
Address of Assignee 7680 Golden Triangle Drive, Eden Prairie, MN 55344			